

By Tracy Crews at 3:43 pm, Sep 26, 2022



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly p Complete this report whenever the instrument is serviced Retain the original and send a copy within 15 days to the	d or repaired	and whenever	it is placed into s			
INTOX DMT SN St. James Police D	ept	0.2	D	09/24/2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Bourbeuse Street, St. James, MO 65559			TI	ME OF INSPECTION 15:40:56		
CHECKLIST: Place a mark in the box by each item if fo values where determined). Unmarked items must be cor	und to be sa rected befor	atisfactory or is o	perating within e	established limits. (W	/rite in observed	
☑ DIAGNOSTIC RECORD						
DATE AND TIME <u>09/24/2022 15:40:58</u>		☑ DETECTOR				
☑ PROGRAM		☑ FILTER 1				
☑ SAMPLE CHAMBER 48.9°C		☑ FILTER 2				
☑ BREATH TUBE 45.7°C		☑ FILTER 3				
☑ PUMP		☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS						
☑ STANDARD SUPPLIER GUTH	LO1	T# <u>22310</u>		EXP. DATE <u>08</u>	/11/2024	
	SIM.	SN MP2927	SIM	. NIST EXP DATE_	10/20/2022	
of .005 or less. Mark the box corresponding to the s ☑ 0.10% STANDARD - MUST READ BETWE ☐ 0.08% STANDARD - MUST READ BETWE ☐ 0.04% STANDARD - MUST READ BETWE	EEN 0.095% EEN 0.076%	AND 0.105% I AND 0.084% I	NCLUSIVE		, a 18	
TEST 1: 0.098 TEST 2: 0.098		TEST 3: 0		EST 3: 0.098	.098	
☑ PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
REFUSALS: 1 004: 1 .0509	9: 1	.1014: 2	.1	1519: 2	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) THIS INSTRUMENT CONFORMS TO DHSS STANDARDS INSPECTING OFFICER SIGNATURE	THAT WAS MAD	PRINT FULL N		RATE SATISFACTORILY ANI	DWITHIN	
TYPE II PERMIT NUMBER // 220090	03/16/202	E 1	TELEPHONE NUMBER 573-265-7012	2		
RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email						



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE || CHRISTOPHER PIGG

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. DATE 3/16/2022 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY EXPIRES 3/16/2024 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22310 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 16, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1205% (w/vol) ethyl alcohol. The expiration date for this lot number is August 11, 2024 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.